## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed oth	ng the Patent, advance onerwise in Block 1, by (	orders and notification of a) specifying a new corre	maintenance fees will be spondence address; and	e mailed to the current or (b) indicating a separate	correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  20462 7590 03/10/2011  GlaxoSmithKline				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Depositor's name)
						(Signature)
			<u> </u>			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/583,877 06/21/2006 Jonathan Henry Ellis PB60608 8672 TITLE OF INVENTION: NOGO-A NEUTRALISING IMMUNOGLOBULIN FOR TREATMENT OF NEUROLOGICAL DISEASES						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/10/2011
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	7		
MACFARLANE	E, STACEY NEE	1649	424-130100	-		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Glaxo Group Limited  United Kingdom						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
4a. The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies1			<ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 192570 (enclose an extra copy of this form).</li> </ul>			
5. Change in Entity Sta	tus (from status indicated s SMALL ENTITY statu		☐ b. Applicant is no lon	ger claiming SMALL E	NTITY status. See 37 Cl	FR 1.27(g)(2).
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requ records of the United Stat	uired) will not be accepte tes Patent and Trademark	d from anyone other than t			e assignee or other party in
Authorized Signature						
Typed or printed name Jonathan M. Dermott Registration No. 48,608						
an application. Confiden submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	tiality is governed by 35 d application form to the ons for reducing this bur riginia 22313-1450. DO 13-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to th NOT SEND FEES OR (	on is required to obtain or in 1.14. This collection is estoned to depending upon the individual complete. The complete of the	timated to take 12 minuridual case. Any comme er, U.S. Patent and Trad D THIS ADDRESS. SE	es to complete, includin nts on the amount of tir emark Office, U.S. Depa ND TO: Commissioner	by the USPTO to process) g gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number.